

# RMD Bulletin

## Knowledge is power...

### Short-Doyle/ Medi-Cal Phase II: New EPSDT Screening Referral Indicator



For clients with an Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Medi-Cal aid code, the State is requiring providers to state on every claim whether the service was the result of a screening referral. The Los Angeles County Department of Mental Health (DMH) has operationalized this requirement as a referral from an “Agency of Primary Responsibility” (APR). If the client’s APR has a value other than None, then check the EPSDT Scr Ref box on the Add Outpatient Claim screen. (See below.) If the APR is None, then do not check the box.

**Add Outpatient Claim** Client: E

<b>Options</b>	Client Benefits	HMO/PHP:Z		
Return	Service Date	Procedure	Mod1	Mod
Check Eligibility	03/25/2010	90801		
Service	Claim Amount:	94.80	Late Code:	
	SOC Obligation:		Medi-Cal	EVC:
	Service Facility Address		EPSDT Scr Ref	Emergen
Claim Plans:			Medicare /	

The client’s APR can be found on the Client Information Screen. (See below.) A complete list of the six choices for APR is available on page 3 of the IS Codes Manual on the IS website at:  
[http://dmh.lacounty.gov/hipaa/downloads/CODES\\_MANUAL\\_ISI\\_Version\\_3.4.pdf](http://dmh.lacounty.gov/hipaa/downloads/CODES_MANUAL_ISI_Version_3.4.pdf).

Financial	Other	Groups	XRef	MCal Benefits
First:		Middle:	M	
First:		Middle:		
2	MM Name:	LOC:	I-Stable/Mainten	
	DOB:	Age:	15	
	Pref Lang:	01-English		
	Education:	08-Eighth Grade		
	APR:	Dept. of Children's Svcs: Fan		
	Tribe:			

We're here to help you...

If you have any questions or require further information, please do not hesitate to contact RMD at (213) 480-3444 or e-mail at [RevenueManagement@dmh.lacounty.gov](mailto:RevenueManagement@dmh.lacounty.gov).